

COMPLAINT

CITY OF FRANKLIN
Office of the Business Administrator
9229 West Loomis Road
Franklin WI 53132
414-425-7500

	<u>Office Use Only</u>
Action File No. _____	
Tax Key No. _____	
Received By _____	
Date _____	
Referred To _____	

Date: _____

Name and Address of Complainant(s):

Home Phone:

Work Phone:

Email Address:

Reported Address of Violation(s):

Subject(s) of Complaint:

Signature of Complainant_____

White: Administration

Yellow: Department

Pink: Alderman

Canary: Complainant